

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**62-010068**

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. **43**

Primary Registration District No. **3007**

Registrar's No. **638**

**FILED MAR 19 1962**

1. PLACE OF DEATH  
a. COUNTY

**BUTLER**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **MISSOURI** b. COUNTY **BUTLER**

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN **POPLAR BLUFF**

Length of stay in lb  
**14 years**

c. CITY OR TOWN **POPLAR BLUFF**  
Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **VETERANS ADMINISTRATION**

Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
**CROWN HOTEL**  
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

**ARTHUR**

**RUSSELL**

**PONDER**

4. DATE OF DEATH  
Month **3** Day **10** Year **'62**

5. SEX

**MALE**

6. COLOR OR RACE

**WHITE**

7. Married ☐ Never Married ☐  
Widowed ☐ Divorced ☐

**Sepr.**

8. DATE OF BIRTH

**12-18-89**

9. AGE (last birthday)

**72**

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**SALESMAN**

10b. KIND OF BUSINESS OR INDUSTRY

**WHISKY**

11. BIRTHPLACE (City and state or country)

**DONIPHAN, MISSOURI**

12. CITIZEN OF WHAT COUNTRY

**U.S.A.**

13a. FATHER'S NAME

**HOLLY PONDER**

13b. MOTHER'S MAIDEN NAME

**MOLLIE PONDER**

14. NAME OF HUSBAND OR WIFE

**UNKNOWN**

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

**YES WORLD WAR I**

16. SOCIAL SECURITY NO.

17. INFORMANT Address

**VA HOSPITAL RECORDS, POPLAR BLUFF, MO.**

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**CARDIAC FAILURE**

INTERVAL BETWEEN ONSET AND DEATH

**--**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

**HYPERTENSION, SYSTEMIC**

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

**CHRONIC OBSTRUCTIVE EMPHYSEMA**

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour ☐ Month, Day, Year ☐  
a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **March 7, 1962** to **March 10, 1962** and last saw him alive on **March 10, 1962**  
Death occurred at **6:50 p.m.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

**DAVID V. MILLER, M.D., ART. & PATHOLOGIST**

**VA HOSPITAL, POPLAR BLUFF, MO.**

**3-10-62**

23a. BURIAL, CREMATION, REMOVAL, (Specify)

23b. DATE

**MAR. 13, 1962**

23c. NAME OF CEMETERY OR CREMATORY

**Amity Cemetery**

23d. LOCATION (City, town, or county)

**Ripley County, Mo.**

(State)

24. FUNERAL DIRECTOR

ADDRESS

**Edwards Funeral Home Doniphan, Mo.**

25. DATE RECD. BY LOCAL REG.

**3/16/1962**

26. REGISTRAR'S SIGNATURE

**Thelma Hubert**

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

BY AFFIDAVIT OF

DOCUMENT

DATE AMENDED

VS 300  
Rev. 4/59

**0128**

**0138**

**3**

**4 6**

**5 1**

**6**

**7 0**

**8 1**

**9444X**

**10**

**11**

**12 5-0**

**13 1-0**

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Gene A. Parrent*

Licensed Embalmer No. 4809

P. O. Address

*Wagler, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.